



**LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS**

**FOOD DISTRIBUTION PROGRAM APPLICATION**

**7500 Odawa Circle, Harbor Springs, MI, 49740**

**P-(231) 242-1620 F-(231) 242-1635**

**NAME:** \_\_\_\_\_ **STREET:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_

**TOWNSHIP:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**E-Mail Address (optional):** \_\_\_\_\_

**Are you a registered Tribal Member or live in the area served?** YES / NO **TRIBAL AFFILIATION:** \_\_\_\_\_

**Have you or a household member applied for or received SNAP (Food Stamps) last month or this current month?**

YES / NO If yes, list the county \_\_\_\_\_

**Please list your household members (including yourself)**

<u>NAME</u>	<u>RELATION TO APPLICANT</u>	<u>SOCIAL SECURITY #</u>	<u>DATE OF BIRTH</u>
1.			
2.			
3.			
4.			
5.			
6.			
7.			

*Please include the social security numbers of each family member. This will help us to identify your household correctly. The social security numbers may also be used in program reviews or audits to make sure your household is eligible for food distribution. We are authorized to ask for this information under the Tax Reform Act of 1976.*

**Please list all household earned income from employment wages**

<u>Household Member</u>	<u>Employer Name</u>	<u>Gross Amount (Before Deductions)</u>	<u>How often paid</u>

**Please list all your household unearned income**

<u>SOURCE</u>	<u>Household Member</u>	<u>\$ Amount</u>	<u>How often paid</u>
Social Security			
SSI -Supplemental Security Income			
Child Support / Alimony			
Unemployment / Worker's Comp			
TANF / General Assistance			
Pension / Retirement / VA Benefit			
Per Capita Payments			
Kinship Care / Foster Care			
Other:			

**Please list all household deductions**

<u>SOURCE</u>	<u>Household Member</u>	<u>\$ Amount</u>	<u>How often paid</u>
Child Care / Child Support			
Medicare Part B/D premiums			
Other Medical			
Shelter/Utility			

**Is anyone in your household self-employed?** YES / NO      If yes, please provide your Schedule C tax form

**Authorized Representative** You can authorize someone outside of your household to pick up your USDA foods

<u>NAME</u>	<u>Relationship</u>	<u>Address</u>	<u>Phone</u>

## **PENALTY WARNING**

If your household receives USDA foods it must follow the following rules:

- **DO NOT** give false information or hide information to get or to continue to get USDA foods. This includes misstatements of income and household size.
- **DO NOT** trade, sell or use someone else's USDA foods for your own household.
- **DO NOT** accept USDA foods and SNAP (Food Stamps) simultaneously. Participation in both SNAP and USDA food distribution at the same time is prohibited.
- **DO** report any household changes including if your income increases by \$100.00 or more

## **Fair Hearings**

You or your representative may request a fair hearing in writing if you disagree with any action taken on your case. You can continue to receive the same level of benefits pending the outcome of the hearing. Your case may be presented at the hearing by any representative of your choice. If you are in need of free legal representation, please contact the food distribution program director listed on the front page.

I understand the questions and statements on this application and my answers are correct and complete to the best of my knowledge. I understand that I may have to provide documents verifying what I have reported. If documents are not available, I agree to give the office representative a name or organization to contact and obtain the necessary proof.

*In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.*

*Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.*

*To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:*

*U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;  
fax: (202) 690-7442  
email: [program.intake@usda.gov](mailto:program.intake@usda.gov).*

*This institution is an equal opportunity provider.*

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**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_